

EHAP BUDGET REVISION REQUEST

HCD DFA EHAP-1 (New 2/07)

- 1) A budget Change of \$20,000 or less may be approved in writing by the State without an Amendment.
- 2) A budget Change in excess of \$20,000 shall not be valid without an amendment to the Standard Agreement. A Budget Change includes the following: change in approved line item(s); change in approved activities; and/or change to add a new activity. Such amendments shall only be approved if: a) The total changes during the term of the Agreement does not exceed the regulatory limitations. b) Total expenditures for Administrative costs do not exceed five percent (5%) of the total grant amount. c) The reallocation would not detrimentally affect the prior competitiveness of the project funded.

Contractor : _____

CHECK ONE☐ Budget Amendment

Contract Number: _____

☐ Line Item Revision

To **Fiscal Officer**
Dept. of Housing and Community Development
Emergency Housing and Assistance Program
P.O. Box 952054
Sacramento, CA 94252-2054

Fax: 916-323-6016**Please explain what changes have occurred in your program to make this revision feasible:**

For revisions within "Operations" submit a revised Detail of Operations Activities (Exhibit J-3, initially submitted with your application) along with this budget revision request.

Line Item	Current Budget	Requested Adjustment	Notations (EHAP use only)	Revised Budget
1. Acquisition				
2. New Construction/Expansion				
3. Rehabilitation				
4. Conversion				
5. Equipment				
6. Administration				
7. Operations				
8. Mortgage Payments				
9. Lease				
10. Residential Rental Assistance				
11. Vouchers				
Grand Total				

NUMBER PRIOR BUDGET REVISIONS APPROVED _____

TOTAL ALL PAST ADJUSTMENTS \$ _____

FINANCIAL STATEMENT CERTIFICATION

Amounts claimed in this report constitute allowable costs in accordance with terms of this agreement.

(Authorized Signature) _____

(For EHAP Use Only)

Approved _____ Denied _____

Contract Manager _____

Date _____